SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) 10/030999 (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2mg AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. INC DEP. MODE STATES :3 :8 9! :2 .3 47.77 4; -6 FAL TOUAL (AL TOTAL DEP. AL IMS TOTAL CLAIMS U.S. DEPARTMENT . COMMERCE stant and Trademers . Iffice MAY BE ... SO FOR ADDITIONAL GLAIMS OR AMENDMENTS